IPDR6702	: 09/04/2006		7.7	NORTH CAROLINA		P.F	GE: 1	
RUN DATE:	: 09/04/2006			RS CHECKWRITE SUMMARY REPORT CHECKWRITE DATE: 09/06/2006				
				FINANCIAL PAYER: NCDMH				
DE CUITERES		UVOU DENVINA					TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
MONDEK	PROVIDER NAME	EODS	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8599	171	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SAS			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8533	8	SERVICE FACILITY LOCATION CANN	(184	189	5
				OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.				
				IDENTIFIED AS AN INDIVIDUAL.			-	
		3411	4	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404904	WESTERN HIGHLAN	11	73	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	DS LME			DATE				
		0	0	<u> </u>		73	73	0
			<u> </u>	<u> </u>				L
3404910	PATHWAYS	11	218	CLIENT NOT ELIGIBLE ON SERVICE				
			1	DATE		-	 	
			-			-	 	
		8599	180	DETAIL NOT COVERED BY COMBINAT	28	487	3431	2943
				ION OF RECIPIENT, PROVIDER AND	20	407	2431	2343
				BENEFIT PACKAGE.				
		8536	30	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
				VALID FOR SOBMITIED BIBLING FR				
3404912	CATAWBA COUNTYM	8599	29	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE	8	49	1567	1518
				RVICES IN IPRS.				
		3412	5	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404913	MECKLENBURG COM	8599	924	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENTE LIVERSE.				
		143	449	CLIENT ID NUMBER NOT ON STATE	133	1738	8116	6378
				ELIGIBILITY FILE				
		10	94	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,				
				OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR		-	<u> </u>	
						1	 	
3404916	CROSSROADS BEHA	8599	60	DETAIL NOT COVERED BY COMBINAT				
	VIORAL HEAL			ION OF RECIPIENT, PROVIDER AND			İ	
				BENEFIT PACKAGE.				
		2000						
		8000	52	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL		217	3233	3016
			1	NICE INIO CHAIN DEIAIL		1	 	
				+		1	 	
		79	41	THIS SERVICE IS NOT PAYABLE TO			1	
				YOUR SUBMITTED BILLING		1		
				PROVIDER TYPE AND SPECIALTY IN				
2404012		0500	1000	DEMANY NOW COMPANY BY COMPANY				
3404917	CENTERPOINT HUM	8599	1377	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND			 	
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		-	<u> </u>	
						1	 	
				CLIENT NOT ELIGIBLE ON SERVICE	-		7305	1801
		11	1198	CLIENT NOT ELIGIBLE ON SERVICE	316	5504		
		11	1198	DATE	316	5504	7303	
		11	1198		316	5504	7303	
				DATE	316	5504	7303	
		21	1198		316	5 5504	7303	
				DATE	316	5 5504	7303	

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	(
7404010			115					
3404919	GUILFORD CO MEN TAL HEALTHC	21	115	DUPLICATE OF CLAIM-SYSTEM				
		8536	89	ATTENDING PROVIDER TYPE AND SP	22	390	1045	655
				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8599	81	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404920		21	1912	DUPLICATE OF CLAIM-SYSTEM				
3101320	ALAMANCE CASWEL L AREA MH D	2.2	1311	betalenta et cantil etelan				
		11	136	CLIENT NOT ELIGIBLE ON SERVICE	0	2312	2542	230
				DATE				
		8534	107	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING				
		-		OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404921	ORANGE PERSON C HATHAM AREA	11	273	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		3411	221	PROVIDER TYPE AND SPECIALTY 07		520	818	290
		5444		4/113 CANNOT BILL ENHANCED	U	528	818	290
				BENEFIT SERVICES ON OR AFTER D				
		0	10	ZERO EOB APPLIED				
3404922	THE DURHAM CENT ER	11	97	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	97	97	0
3404923	FIVE COUNTY MH	11	644	CLIENT NOT ELIGIBLE ON SERVICE DATE				
				DATE				
		0526	250					
		8536	352	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT	0	1642	5551	3909
				VALID FOR SUBMITTED BILLING PR				
		8599	300	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE	8599	103	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD	-		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
-		11	61	CLIENT NOT ELIGIBLE ON SERVICE DATE	5	199	3982	3783
				<u> </u>				
		5404	16	SEVERE DUPLICATE: SAME ATTD PR				1
				OV/PCODE/TOS/DOS/MOD				
3404926	SOUTHEASTERN RE	21	515	DUPLICATE OF CLAIM-SYSTEM				
	G MENTAL HL							
		8599	242	DETAIL NOT COVERED BY COMBINAT	50	996	4355	3359
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
-		8534	117	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
								1

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927	CUMBERLAND CO M	8622	69	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8599	27	DETAIL NOT COVERED BY COMBINAT	12	139	3335	3196
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT FACAGE.				
		11	11	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404930	JOHNSTON COUNTY	0	0	*** NO DATA TO REPORT ***				
	MNTL HLTHC							
		0	0		0	0	9	9
3404931	WAKE CO HUM SVC	8599	81	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENTETT THORIGH.				
		191	13	CLIENT ID NUMBER DOES NOT MATC	0	107	217	110
		+		H PATIENT NAME				
		+			1			
		8952	8	CLAIM DENIED DUE TO AGE RESTRI				
		+		CTIONS FOR TARGET POPULATION	+			
		<u> </u>						
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	54	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8621	16	60 RESIDENTIAL LEVEL III TREAT		0.5	1460	1272
		0021	10	MENT RECEIVED, PA IS REQUIRED	0	95	1468	1373
				FOR ADDITIONAL SERVICE.				
		5308	12	PRIOR AUTHORIZED UNITS EXCEEDE				
				D				
3404934	ONSLOW CARTERET BEHAV HEAL	11	102	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8534	21	SERVICE FACILITY LOCATION IS N	0	163	772	609
				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
				PROVIDER. PLEASE VERIFI INE F				
		8535	16	SERVICE FACILITY LOCATION WAS				
				NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
				The state of the s				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	WILSON-GREENE M	8599	8	DETAIL NOT COVERED BY COMBINAT	+			
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
		1		BENEFIT PACKAGE.	1			
		8935	5	ASTNC INELIGIBLE TO RECEIVE SE	6	16	2705	2689
	+			RVICES IN IPRS.	Ĭ .	10	1.00	2000
			1	1	1	1		
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE				
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8931	1					
3404937	EDGECOMBE NASH	8931	1 445					
3404937	EDGECOMBE NASH		1 445	RVICES IN IPRS.				
3404937			1 445	RVICES IN IPRS.				
3404937			1445	RVICES IN IPRS. DUPLICATE OF CLAIM-SYSTEM THIS SERVICE IS NOT PAYABLE TO	1	464	597	133
3404937		21		RVICES IN IPRS. DUPLICATE OF CLAIM-SYSTEM THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	1	464	597	133
3404937		21		RVICES IN IPRS. DUPLICATE OF CLAIM-SYSTEM THIS SERVICE IS NOT PAYABLE TO	1	464	597	133
3404937		21		RVICES IN IPRS. DUPLICATE OF CLAIM-SYSTEM THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN CLAIM DENIED, SUBMITTED BEYOND	1	464	597	133
3404937		21		RVICES IN IPRS. DUPLICATE OF CLAIM-SYSTEM THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	1	464	597	133

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF	DECORA PROVI	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404939	AUDIOD AGRAMA I UD	8622	3	60 RESIDENTIAL LEVEL II TREATM				-
5404939	NEUSE MENTAL HE ALTH CENTER	0022	7	ENT RECEIVED, PA IS REQUIRED				-
	ALIN CENIER			FOR ADDITIONAL SERVICE.				-
		0	0			3	136	133
3404941	PITT CO MH/DD/S	11	802	CLIENT NOT ELIGIBLE ON SERVICE				
	AS CENTER			DATE				
		7001	262	EXCEEDS THE ONE PER DAY LIMITA				↓
		7001	202	TION	1	2 1333	1559	226
				IION				
		21	166	DUPLICATE OF CLAIM-SYSTEM				
								1
3404942	ROANOKE CHOWANH	21	22	DUPLICATE OF CLAIM-SYSTEM				
	UMAN SERVIC							
								<u> </u>
		5404	3	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD		1 28	535	507
				OV/PCODE/TOS/DOS/MOD		+		
	+		-	+		-		+
		79	1	THIS SERVICE IS NOT PAYABLE TO		+		
			-	YOUR SUBMITTED BILLING		+		+
				PROVIDER TYPE AND SPECIALTY IN				
3404943	ALBEMARLE MENTA	11	68	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
		24	59	PROCEDURE CODE, PROCEDURE/MODI	4	6 303	1559	1256
				FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		2422	35	DECLEDED WITH AND ADDRESS OF				ļ
		3411	35	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
				DENEFII SERVICES ON OR AFIER D				
3404944	EASTPOINTE HUMA	79	50	THIS SERVICE IS NOT PAYABLE TO				
	N SERVICES			YOUR SUBMITTED BILLING				
	N OLIVIOLO			PROVIDER TYPE AND SPECIALTY IN				
		8533	38	SERVICE FACILITY LOCATION CANN		3 157	600	443
				OT BE AN ATTENDING PROVIDER				
				IDENTIFIED AS AN INDIVIDUAL.				
		10	28	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404946	POOMUNES C	11	5	CLIENT NOT ELIGIBLE ON SERVICE		1		
-101710	FOOTHILLS AREAM ENTAL HEALT		-	DATE		+		+
	ENIAL DALT		_	·		+		
						 		
		8535	1	SERVICE FACILITY LOCATION WAS		0 6	6	-
				NOT INCLUDED IN YOUR 837.				t
				PLEASE RESUBMIT YOUR CLAIM WIT				
3404957	TIDELAND MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
						4		
		0	0	+		1		
		0	0			0	0	0
						+		+
3404979	NEW RIVER AREAM	11	219	CLIENT NOT ELIGIBLE ON SERVICE		+		+
	H/DD/SA PRO		-	DATE		+		†
	, 55, 51, 210					 		
								†
		8932	1	CMTNC INELIGIBLE TO RECEIVE SE		1 225	272	47
				RVICES IN IPRS.				1
-								
		8599	1	DETAIL NOT COVERED BY COMBINAT				
	1			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				